

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90039 033 \*\*\*\*61.25

**DOCUMENT # 750642**

1. Entity Name

**SNPJ SUNCOAST LODGE #778, INC.**



Principal Place of Business

13383 COUNTY LINE RD  
BROOKSVILLE FL 34609  
US

Mailing Address

P.O. BOX 5852  
SPRING HILL FL 34611  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOROS, ANNE  
8642 WOODBRIDGE DR  
NEW PORT RICHEY FL 34655**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature is required with reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to:  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Delete  
NAME **MARKEL, ANTHONY**  
STREET ADDRESS **17539 S.E. 96TH ST.**  
CITY- ST- ZIP **SUMMERFIELD FL 34491**

TITLE **vp** ☒ Change ☐ Addition  
NAME **Harfmann, Walter**  
STREET ADDRESS **15665 Oakcrest Cir**  
CITY- ST- ZIP **Brooksville, Fl., 34606**

TITLE **SD** ☐ Delete  
NAME **BOUMA, GRACE**  
STREET ADDRESS **6506 MAYHILL CT**  
CITY- ST- ZIP **SPRING HILL FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **TD** ☐ Delete  
NAME **SOROS, ANNE**  
STREET ADDRESS **8642 WOODBRIDGE DR**  
CITY- ST- ZIP **NEW PORT RICHEY FL 34655**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **P** ☒ Delete  
NAME **GOMBOCS, JOHN A.**  
STREET ADDRESS **8642 WOOD BRIDGE DRIVE**  
CITY- ST- ZIP **NEW PORT RICHEY FL**

TITLE **P** ☒ Change ☐ Addition  
NAME **Drongosky, Ben**  
STREET ADDRESS **2639 SW 20th Circle**  
CITY- ST- ZIP **Ocala, Fl., 34471**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: ANNE SOROS Treas**

**3/19/08 727-372-0509**